

**UNITED STATES PATENT & TRADEMARK OFFICE**  
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND											
1 Date of Request: <u>2/24/05</u>		2 Serial/Patent #: <u>09/168,072</u>									
3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT							
	Filing			\$							
	Amendment			\$							
	Extension of Time			\$							
	Notice of Appeal/Appeal			\$							
	Petition			\$							
	Issue			\$							
	Cert of Correction/Terminal Disc.			\$							
	Maintenance			\$							
	Assignment			\$							
<input checked="" type="checkbox"/>	Other	26	2/1/05	\$ 395							
		7 TOTAL AMOUNT OF REFUND		\$ 395							
		8 TO BE REFUNDED BY:									
10 REASON:		Treasury Check									
	Overpayment	Credit Deposit A/C #:									
<input checked="" type="checkbox"/>	Duplicate Payment	9 <table border="1" style="display: inline-table; text-align: center; width: 150px;"><tr><td>5</td><td>0</td><td>--</td><td>1</td><td>3</td><td>4</td><td>9</td></tr></table>			5	0	--	1	3	4	9
5	0	--	1	3	4	9					
	No Fee Due (Explanation):										
11 REFUND REQUESTED BY:											
TYPED/PRINTED NAME: <u>WAN LAYMON</u>		TITLE: <u>Ret. Exam</u>									
SIGNATURE: <u>Wan Laymon</u>		PHONE: _____									
OFFICE: _____											
***** THIS SPACE RESERVED FOR FINANCE USE ONLY: *****											
APPROVED: <u>Alicia Kelly</u>		DATE: <u>2/25/05</u>									

*Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:*

**Office of Finance  
Refund Branch  
Crystal Park One, Room 802B**